CITY OF SANFORD

COMMUNITY REDEVELOPMENT AGENCY

Applicant's Name: _____

Applicant's Address: _____

Owner's Name: _____

Owner's Address: _____

Project Address: _____

Daytime Phone: _____ Fax Number: _____

Email address:

The Façade Grant Program is a reimbursement grant for eligible exterior improvements to properties located within the Sanford Community Redevelopment Area. This grant is **a matching grant limited to 50% of eligible costs**, not to exceed a maximum $10,000 award. Grants are not guaranteed. Only one Façade Grant may be awarded to a given address within a 10 year period. All SCRA grants are subject to funding availability. All applications **must be complete** and submitted by the 15th of each month to be considered by the following month's SCRA meeting.

Please provide the following information for consideration:

1. If Applicant is not the Owner, provide a notarized authorization to apply.
2. Please attach evidence the property is located within the SCRA.
3. Attach evidence that property taxes are paid.
4. Attach evidence business taxes are paid.
5. Attach evidence the property is free of liens and code violations.
6. Attach Photos of the existing condition.
7. Attach the Scope of Work.
8. Attach drawings and specifications.
9. Attach the project budget.
10. Attach three bids from contractors licensed to perform the work.
11. Attach W-9.
12. Attached a signed copy of the program criteria (signed by Applicant and Owner).

If the SCRA selects this grant for funding, Applicants will be required to sign a grant agreement BEFORE the work begins.

CERTIFICATION

I, the undersigned, being a duly authorized representative of the Applicant herein named, and acting herein for and behalf of each Applicant, do hereby certify as follows (i) I have been duly authorized by the Applicant to make and submit this application and certification, (ii) the information contained herein and supplied by the Applicant in support of this application is accurate and complete in all material respects; and, if selected for funding, the Applicant will enter a grant funding agreement with the Sanford Community Redevelopment Agency before the event occurs.

DATE: _____ BY _____

_____
NAME

_____
TITLE

Completed applications and accompanying documents should be mailed or hand delivered to: Executive Director, Sanford Community Redevelopment Agency, 300 N Park Avenue, Sanford, FL 32771